
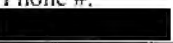


Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: 	Submission date:	Contact person (if different than reporter)	Internal ID 1-47751839
Administrative Data	Address: California		Address:	
	Phone #: 		Phone #:	
	Incident Status: New	Location and date of incident California Unknown	Date registrant became aware of incident: 4/7/2017	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 239-2716	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Glyphosate, Imazapyr	A.I. (s)	A.I. (s)	
	Product 1 Name GroundClear Vegetation Killer RTU Wand 1.33 gal	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

*4/7/2017 5:46:10 PM Ground Clear Vegetation Killer
UPC # 71549-04362
EPA # 239-2716*

HX: The caller sprayed the product 3 to 4 days ago. He did not have direct contact with the product. A day after he developed a severe head ache his neck and arm were swollen. He also has welts around his neck. He has been to the doctor and was given an internal allergy medicine.

*A: The symptoms described are not consistent with exposure to the product.
- Continue to work with your doctor if symptoms persist or worsen.*

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Unknown</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Bullae/Blisters, Unable to determine; Swelling, Unable to determine; Headache, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>			
			Internal ID # <i>1-47751839</i>